

## **CDBG MODEL SELF-EVALUATION**

### **FOR SECTION 504/ADA COMPLIANCE**

The following technical assistance questionnaire is separated into two sections. Grantees who have less than 15 full time employees need only complete Part I; grantees who employ 15 or more full time employees are required to complete both Part I and Part II. **All grantees** are required to complete the relevant portions of this questionnaire and maintain this information in the Citizen Participation file for public review and on-site monitoring by CDBG field staff.

How many full time employees does the grantee have? \_\_\_\_\_

#### **Part I (to be completed by all grantees)**

1. Briefly, describe your community's programs and services, including their purpose, scope, activities, and participants. The following includes examples of public services you might provide that would be covered under the Act:
  - a. Water and sewer service, or other municipal utilities such as electricity, natural gas, etc.
  - b. Parks and Recreation programs
  - c. Transportation infrastructure (streets, sidewalks, public transit, etc.)
2. Provide a brief description of the various policies that direct the operation of the programs and services you listed. Identify any current exceptions, special provisions, or separate programs designed for persons with disabilities.
3. Identify any program qualifications, eligibility, admission requirements, or licensing standards that an individual must meet that might negatively affect individuals with disabilities. For each item answered that appears to have a negative effect, include a description of action(s) planned to reduce or eliminate the disparate impact.
  - a. Do you currently provide a qualified disabled individual the opportunity to participate in, or benefit from, the aid, benefit, or service you provide? Examples might include accessibility to the spectator seating area at the city's baseball field, or the rodeo arena at the county fairgrounds.
  - b. Do you provide opportunities for participation or benefit to the disabled, equal to opportunities afforded the population at large?
  - c. Do you avoid providing different or separate aids, benefits, or services to a qualified individual with a disability unless proven necessary to make them as effective as the aids, benefits, or services provided to others?
  - d. Do you exercise due diligence to avoid assisting or contracting with any persons or entities that are known to discriminate based on disability?
  - e. Do you allow qualified disabled individuals a full opportunity to participate in all local policy planning or advisory boards? This includes providing reasonable accommodations in the scheduling of time and/or location of meetings, use of auxiliary aids including guide dogs, etc.
4. In the area of employment, describe your policies, practices, or procedures followed to ensure non-discrimination based on disability in:
  - a. Public advertising of vacant positions and other job opportunities;
  - b. Processing and review of applications;

- c. Testing and minimum requirements as a condition of employment;
  - d. Interviewing, including responding to requests for accommodation and use of nondiscriminatory questions;
  - e. Promotion/demotion, layoff/reinstatement, or transfer, including changes in compensation resulting from these actions;
  - f. Job assignments/classifications and nondiscriminatory treatment by supervisory personnel;
  - g. Access to benefits, including policies on use of vacation and sick leave, unpaid leave of absence, and compensatory time. Also include opportunities for training, attendance at conferences, or other supported activities, including recreational or social programs, health and insurance benefits, etc.; and
  - h. Process for considering a request for a reasonable accommodation on the job, including method of determining whether an individual with a disability is capable of performing the essential functions of a particular job with or without a reasonable accommodation.
5. To insure that your communication with disabled applicants, participants, and members of the public are as effective as communications with non-disabled individuals, the grantee should address the following:
- a. If any written materials are produced on a program or service, indicate whether the following alternative formats are provided:
 

1. Audio tape	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Braille	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Reader	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Aide	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Mailed to home	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Large print format	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. Interpreter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. Other assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
  - b. How would a disabled person learn about these auxiliary aids and services, and how could they request such assistance from you?
  - c. How will you ensure that meetings, hearings, and conferences are accessible for individuals with communication disabilities?
  - d. Do you currently offer TDD (telecommunication device for the disabled) access within your communications system?
  - e. Is 911 or E-911 emergency service offered within your jurisdiction? If so, is there a TDD connected to your system?
  - f. Do you have a toll-free phone number to access services and programs? If so, is it usable by persons with hearing impairments?

- g. Do you have any public telephones located within your facilities? If so, is at least one phone hearing aid compatible?
- h. If you determine that equally effective communication cannot be provided, you must include a statement in your self-evaluation explaining why the service, program, or activity would be fundamentally altered, or result in undue financial and administrative burdens. You must also include a description of alternative actions that will be taken to provide the benefits or services to the maximum extent possible.

**Part II (to be completed by grantees with 15 or more employees)**

1. Do you have a policy regarding non-discrimination on the basis of disability that is in compliance with CDBG requirements? ☐ Yes ☐ No

If you answered No to this question, you may contact the CDBG office for a sample policy and initial notice. If you answered Yes to this question, have you published a notice regarding this policy? (Please include the publication date.)

2. Is a copy included in the appropriate project files with your self-evaluation and other related documentation? ☐ Yes ☐ No

3. Does your Notice of Nondiscrimination include the following:

- a. Contact information for your 504/ADA coordinator ☐ Yes ☐ No
- b. How to request auxiliary aids or other services ☐ Yes ☐ No
- c. That alternative formats are available ☐ Yes ☐ No
- d. That a complaint grievance procedure has been adopted ☐ Yes ☐ No

4. Do you have a grievance procedure? ☐ Yes ☐ No

If you answered No, then you must adopt one for successful completion of this project. You may contact the CDBG office for a sample copy.

If you answered Yes, does it include the following?

- a. A statement allowing an individual to submit a grievance in alternative formats ☐ Yes ☐ No
- b. A time limit for filing a grievance procedure ☐ Yes ☐ No
- c. Information on how to also file a complaint through appropriate State or Federal agencies ☐ Yes ☐ No

I have reviewed the above self-evaluation and believe it to be accurate as of this date.

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Signature, Chief Elected Official

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Date